

PLANNING AND ZONING COMMISSION
PROSPECT, CONNECTICUT

CHANGE OF ZONE DESIGNATION APPLICATION

THIS FORM MUST BE COMPLETELY FILLED OUT BY THE APPLICANT
(Please type or print legibly)

APPLICANT: _____ TELE: _____

MAILING ADDRESS: _____

OWNER(S) OF RECORD OF PROPERTY: _____

MAILING ADDRESS: _____

(If the applicant is other than the property owner, a letter signed by the property owner(s) authorizing the applicant to proceed with the Change of Zone application at the above address must be submitted with the application)

DESCRIPTION OF PROPERTY TO BE REZONED:

STREET ADDRESS: _____

ASSESSOR'S MAP PLATE # _____ LOT # _____ LAND RECORDS: Vol. _____ Page _____

CURRENT ZONE: _____ REQUESTED ZONE: _____

AREA/SIZE OF PARCEL TO BE REZONED: _____

EXISTING BUILDINGS (IF ANY); GENERAL DESCRIPTION OF PROPERTY (topography, wetlands, unique features: _____

DESCRIPTION OF AREA SURROUNDING PROPERTY (Residential, commercial, undeveloped, etc.) _____

THIS APPLICATION MUST BE ACCOMPANIED WITH THE FOLLOWING:

1. The names and current mailing addresses (as derived from the Assessor's Records) of all property owners within 500 feet of the proposed zone change.
2. Map provided by Land Surveyor identifying the parcel to be rezoned and showing all parcels within 500 feet of the proposed zone change. (9 copies).
3. An application fee in the amount of \$ _____ plus an additional \$60.00 State fee per PA92-235.

(* Note: If the parcel proposed for the change of zone designation is within 500 feet of the boundary of another municipality, the Town Clerk's Office of that municipality must be notified and, per Section 8-3b of the General Statutes, a copy of the complete application must also be provided to the Regional Planning Agency 35 days before the public hearing).

